

Introduction Overweight and obesity, despite their comorbidities and mortality, could deteriorate the quality of life of people with bipolar disorder.

Objectives The objective of this study is to evaluate the quality of life among patients with bipolar disorder and investigate a possible interaction between obesity and deterioration of the quality of life.

Aims This study aims to highlight the importance of preventing overweight and obesity in people with bipolar disorder to obtain an adequate quality of life subsequently an acceptable control of the illness.

Methods Fifty euthymic bipolar patients (Hamilton Depression Scale score ≤ 8 , and Young Mania Rating Scale score ≤ 6) received the Medical Outcomes Study 36-Item Short-Form Health Survey in Arabic validated version in order to investigate the quality of life.

Results We examined 50 euthymic bipolar patients (60% men, 40% women). The average age was 46, 5 years (23–70). Most patients (69%) were overweight (BMI ≥ 25.0 kg/m²) (body mass index), of whom 40% were obese (BMI ≥ 30.0 kg/m²). Seventy-two percent of the investigated patients had an affected quality of life (score < 66.7). The mental items were deteriorated in 80% of the cases. An affected quality of life was correlated with obesity. The BMI was significantly and negatively correlated with the scores of dimensions D4 (mental health) and D8 (perceived health) ($P < 0.01$).

Conclusion The investigation of quality of life in people with mental disorder enables to reveal the social handicap caused by these illnesses consequently emphasizes health care in mental affections.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0061

Research of thinking and memory at persons with the alcoholic dependence complicated by abuse of preparations of sedative and somnolent group

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In recent years, abuse of sleeping medicines with the subsequent formation of an inclination and increase of tolerance to preparations of this group has gained distribution in the Republic of Uzbekistan among the persons suffering from alcoholic dependence.

The assessment of thinking and memory functions was carried on by using a pictogram technique at 40 patients with the alcoholic dependence complicated by abuse of a somnolent preparation. Two groups of patients had similar duration of alcohol abuse, but differing in the length of abuse of hypnotic drugs: 20 patients used it not more than 1 year, 20 patients more than 5 years.

Research has shown that with the duration of abuse of somnolent preparation within 1 year patients with alcoholic dependence had no expressed memory violations: by means of pictogram drawings patients could remember all set of words. Twenty-five percent of patients' drawings had the ordered appearance, steady graphic characteristics; the chosen images were followed by exact, laconic comments. The tendency to prevalence of the concrete images associated with alcoholic situations was found in 75% of patients of this group at a graphic representation of abstract concepts.

Abuse of somnolent preparations more than 5 years at 35% of patients has come to light misunderstanding of sense of the task, 40% of patients – insufficient image differentiation with inability of selection of visions to abstract concepts, 10% of patients – had tendency to the stereotypy and a perseveration. All the patients had a decrease in efficiency of the mediated storing.

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EV0062

Bipolar disorders diagnostics in ambulatory medico-psychological service

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Introduction The difficulties of diagnosis and clinical differentiation of bipolar disorders, schizophrenia and schizoaffective disorder have been repeatedly noted both foreign and Russian authors.

Objectives Full medico-psychological service clinical documentation research, including bipolar disorder patient records.

Aims Determination of bipolar disorders in accordance with the DSM-5 criteria among psychiatric outpatients.

Methods A group of 142 patients with established according to ICD-10 diagnoses: schizophrenia, schizoaffective disorder 137 (96.5%); the average patient's age 50 ± 13 and bipolar disorder and mania episode 5 (3.5%) – 55.4 ± 14.4 has been investigated.

Results It was found that 18 (12.7%) of all patients meet the DSM-5 bipolar disorder criteria compared with the primary diagnosis (3.5%). Structure of the diagnosis of bipolar disorder was represented as follows: bipolar disorder type I – 11 (61.2%), bipolar disorder type II – 7 (38.8%). Consequently, due to formal application DSM-5 bipolar disorder criteria BD determination 3.5 times more.

Conclusion Traditionally, the diagnosis of schizophrenia is preferred over bipolar disorder. Manic episode in bipolar disorder can be evidently regarded as an acute schizophrenia manifestation. The diagnostic criteria for DSM-5 are convenient in diagnostics of manic and depressive episodes in case of their combination in I type bipolar disorder.

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EV0063

Is the use of long-acting injectable antipsychotic extended in the outpatient treatment of bipolar disorder? A brief description

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Aims Obtain and analyze information on treatment guidelines, with particular emphasis on the use of antipsychotics, in patients diagnosed with bipolar disorder I and bipolar disorder II who are treated at a mental health center in a district of Madrid (Spain) under the conditions of habitual clinical practice.

Then, compare with recently published literature.

Methods We performed a descriptive study of a sample of 100 patients diagnosed with bipolar disorder (type I and type II) at any stage of the disease who receive regular treatment in a mental health center in a district of Madrid. Information regarding the treatment used, especially the use of antipsychotics (either in a single therapy or in combination with other drugs such as mood stabilizers, antidepressants, hypnotics or anxiolytics), was collected retrospectively from the data obtained from the medical record.

Results Ninety-four percent of patients are taking mood stabilizer treatment (68% lithium, 24% valproate, 1% and 1% carbamazepine and lamotrigine). Four percent take lithium and valproate in combination. Forty-eight percent of patients are taking some antipsychotic (atypical about 90%). Of these, only 10% in injectable form, and 5% take both oral and injectable antipsychotics.

Conclusions The diminished use of injectable antipsychotics, well below recent publications, draws the attention. You can probably explain this low proportion of injectable medication because we are generally dealing with stable patients with a long-term disorder.

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EV0064

Misdiagnose bipolar disorder: About a case report

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Introduction Early stages of bipolar disorder are sometimes misdiagnosed as depressive disorders. This symptomatology can lead to misinterpretation and under diagnosis of bipolar disorders.

Objectives/aims To describe a patient with a new diagnosis of bipolar disorder after 23 years of psychiatric care.

Methods We report a case of a 66-year-old man, with a previous psychiatric diagnosis of recurrent depressive disorder for the last 23 years, after a hospitalization in a psychiatric inpatient unit because of a major depressive episode. In subsequent years, he was regularly followed in psychiatric consultation with description of recurrent long periods of depressed mood requiring therapeutic setting, alternating with brief remarks of not valued slightly maladjusted behaviour. At 65, he came to the emergency room presenting with observable expansive and elevated mood, disinhibited behaviour, grandiose ideas and overspending, leading to his hospitalization with the diagnosis of a manic episode. In the inpatient unit care, we performed blood tests, cranial-computed tomography (CT) and a cognitive assessment. His medication has also been adjusted.

Results Laboratory investigations were unremarkable. Cranial-CT showed some subcortical atrophy of frontotemporal predominance, without corroboration by the neuropsychological evaluation. The patient was posteriorly transferred to a residential unit for stabilization, where he evolved with major depressive symptoms that needed new therapeutic adjustment. Later he was discharged with the diagnosis of bipolar disorder.

Conclusions Our case elucidates the importance of ruling out bipolar disorder in patients presenting with depressive symptoms alternating with non-specific maladjusted behaviour, which sometimes can be a challenging task.

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EV0065

A case report of comorbid Munchausen type factitious disorder with bipolar II disorder

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We present an uncommon case of a 46-year-old woman suffering from Munchausen type factitious disorder comorbid with bipolar II disorder.

The patient was diagnosed with major depression disorder 4 years ago during her hospitalization in the internal medicine department after a suicide attempt and SSRI was prescribed.

Since the onset of the disorder the patient started complaining for physical symptoms, migrating from hospital to hospital seeking pathological and surgical interventions, fabricating her medical history. In the last 3 years, the patient visited the emergency room of university hospital of Ioannina 85 times and she was hospitalized in internal medicine or surgical clinics 16 times, performing 19CR, 11 CT and 4MRI.

Many times, she turned to the police suing the treating doctors. During her hospitalizations she refused psychiatric evaluation. Twelve months ago the patient finally visited a psychiatrist, bipolar II disorder was diagnosed and administered quetiapine with good results to both, mood and ER visits (7 visits in one year and 1 hospitalization).

During the analysis of her mood switches, we observed non-euphoric hypomanic episodes and association of the hypomanic phase with the factitious behavior.

This case report reinforces the importance of maintaining a clinical suspicion of major psychopathology coexistence with factitious disorder.

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EV0066

Social cognition and bipolar disorder: A preliminary study

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Aim To assess the clinical outcomes associated with social cognition impairment in euthymic patients with bipolar disorder.

Method It was a cross-sectional study with convenience sample. The diagnose of bipolar disorder was performed by psychiatrist, using DSM-IV criteria, at bipolar disorder program – Hospital de Clinicas de Porto Alegre (Brazil), where the sample was recruited. The social cognition was assessed by psychologists using the Reading the Mind in the Eyes Test.

Results We included 46 euthymic BD patients: BD I ($n=39$), women ($n=32$), age (49.11 ± 13.17), and years of education (10.56 ± 3.80). Patients with social cognition impairment were not different of patients without social cognition impairment regarding socio demographic factors (gender, age, educational level, marital status, and employment status). Patients with social cognitive impairment showed higher rates of BD I patients ($P=0.036$) and higher proportion of hospitalization in the first episode ($P=0.033$), as compared to patients without social cognition impairment.

Conclusion This is a preliminary study demonstrating that BD patients with social cognition impairment show worse clinical outcomes. Severe BD onset seems to be an important predictor of social cognition impairment. However, more studies are needed investigating social cognition impairment in subjects with bipolar disorder.

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